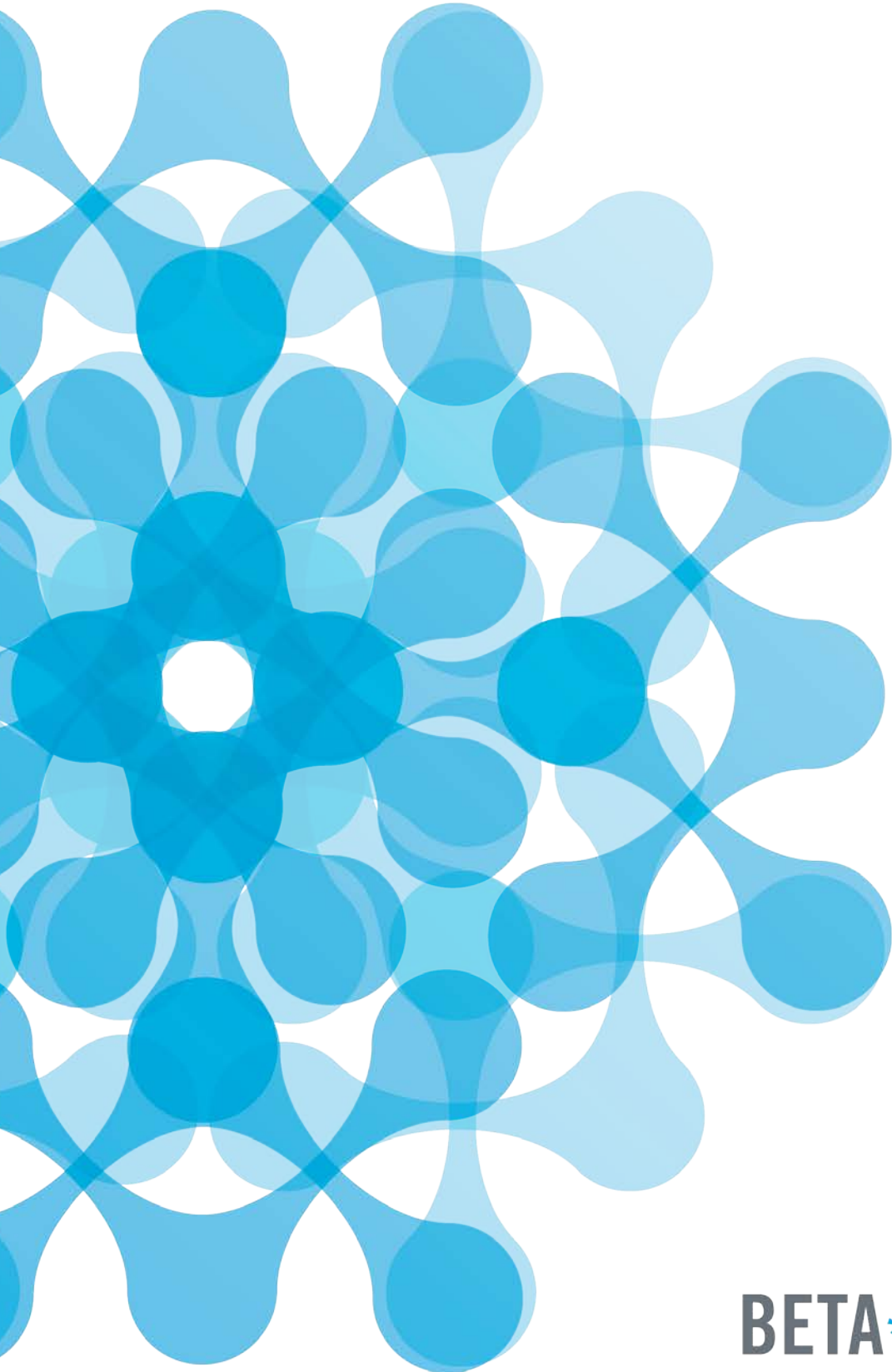


# Workplace Violence Prevention



**BETA**\*rm

Employee  
Safety & Wellness  
Initiative

# BETA Employee Safety & Wellness Initiative

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## Introduction

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## Introduction

Today, more than five million U.S. hospital workers are exposed to safety and health hazards, including violence. Violence in healthcare can impact workers as well as patients and visitors that are often vulnerable and distraught and commonly occur in psychiatric wards, emergency rooms, waiting rooms, and geriatric units. Violence can range from verbal aggression to physical assault, including the use of deadly weapons and lead to worker loss time, burnout and loss of job satisfaction and productivity. Many factors contribute to violence in healthcare: working directly with people who have a history of violence, or delirious or under the influence; patients and their loved ones are often vulnerable and, at times, distraught; healthcare workers must function in typically stressful environments; there is 24-hour access to the hospital setting; and the presence of drugs can make healthcare settings an attractive target. The impact of physical and/or emotional harm can result in compromised employee and patient safety.

In 1977 Cal/OSHA required all employers to have an Injury and Illness Prevention Program (IIPP) requiring all employers to establish and implement a written plan describing the workplace health and safety programs of the organization. Healthcare employers are obligated to provide a safe working environment free from recognized hazards, and failure to effectively abate the risk of violence can result in fines, claims, litigation, and reputational damage. However, employers' prevention efforts may be stymied by failure of victims to report violent incidents, because many healthcare workers consider violence "part of the job."

By 1993, California legislature passed AB508 this enacted Health and Safety Code HSC § 1257.8 requiring hospitals to conduct annual security and safety assessments and implement a security plan to protect employees, patients and visitors from aggression and violence at work. By 2014 the Legislature passed SB 1299 requiring Cal/OSHA Standards Board to adopt regulation requiring healthcare facilities to include workplace violence prevention within the IIPP. The Standards Board passed regulation – Title 8, California Code of Regulation, Section §3342 deepening the definition of healthcare facilities to include hospitals, skilled nursing facilities, intermediate care facilities, home health and hospice care, emergency medical services, medical transport and drug treatment programs.

The Cal/OSHA healthcare workplace violence prevention regulation requires organizations to:

1. Establish and enforce a comprehensive workplace violence prevention plan and policy
2. Identify who is responsible to administer the plan
3. Coordinate with other employers that have employees working at the worksite
4. Evaluate objective measures of violence to identify risks and risk levels.
5. Correct hazards
6. Communicate with employees and others about workplace violence matters
7. Train staff to recognize the warning signs of violence and respond proactively
8. Encourage all employees and other staff to report incidents of violence

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9. Report incidents to Cal/OSHA
10. Document incidents, training and other requirements
11. Review and update the Workplace Violence Prevention Plan annually (at a minimum)

Although it is difficult to eliminate violence in healthcare settings, there are many ways to reduce the potential for violent occurrences and to minimize the impact if violence does occur. This toolkit discusses violence in healthcare perpetrated by patients/clients along with individuals other than patients. It covers program components, risk factors, monitoring effectiveness through assessments/evaluations, training and strategies for prevention.

## Cal/OSHA Workplace Violence Prevention Regulation

As a result of California Senate Bill (Chapter 842, Statutes of 2014), Cal/OSHA adopted a comprehensive healthcare workplace violence prevention regulation that took effect April 1, 2017. The Workplace Violence Prevention in Health Care regulation require hospitals and other specified healthcare employers to develop and enforce comprehensive policies and procedures against workplace violence; evaluate objective measures of violence to identify risk; train staff to recognize the warning signs of violent behavior and respond proactively; establish a comprehensive workplace violence prevention program; encourage all employees and other staff to report incident of violence or perceived threats of violence; ensure appropriate follow-up to violent events, including communication, post incident support, and investigation; and ensure that the violence prevention program addresses the possibility of gun violence, including active shooter. This is in addition to other statutory obligations such as Health and Safety Code 1257.7, which requires hospitals to have a safety and security plan.

California Code of Regulations, Title 8, [Section 3342](#)

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## Glossary of Terms

**Alarm:** A mechanical, electrical or electronic device that does not rely upon an employee's vocalization in order to alert others.

**Dangerous weapon:** An instrument capable of inflicting death or serious bodily injury.

**Emergency:** Unanticipated circumstances that can be life-threatening or pose a risk of significant injuries to the patient, staff or public, requiring immediate action.

**Emergency medical services:** Medical care provided pursuant to Title 22, Division 9, by employees who are certified EMT-1, certified EMT-II, or licensed paramedic personnel to the sick and injured at the scene of an emergency, during transport, or during inter-facility transfer.

**Engineering controls:** An aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between the worker and the hazard. For purposes of reducing workplace violence hazards, engineering controls can include (but are not limited to): electronic access controls to employee occupied areas; weapon detectors (installed or handheld); enclosed workstations with shatter-resistant glass; deep service counters; separate rooms or areas for high risk patients; locks on doors; furniture affixed to the floor; opaque glass in patient rooms (protects privacy, but allows the healthcare provider to see where the patient is before entering the room); closed-circuit television monitoring and video recording; sight-aids; and personal alarm devices.

**Environmental risk factors:** Factors in the facility or area in which healthcare services or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident. Environmental risk factors include those associated with the specific task being performed, such as the collection of money.

**Health facility:** Any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, or treatment of human illness (physical or mental), including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer. (Ref: Health and Safety Code Section 1250). For the purposes of this section, a health facility includes hospital-based outpatient clinics (HBOCs) and other operations located at a health facility, and all off-site operations included within the license of the health facility. The term "health facility" includes facilities with the following bed classifications, as established by the California Department of Public Health:

1. General acute care hospital
2. Acute psychiatric hospital
3. Skilled nursing facility
4. Intermediate care facility
5. Intermediate care facility/developmentally disabled habilitative

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6. Special hospital
7. Intermediate care facility/developmentally disabled
8. Intermediate care facility/developmentally disabled nursing
9. Congregate living health facility
10. Correctional treatment center
11. Nursing facility
12. Intermediate care facility/developmentally disabled-continuous nursing (ICF/DD-CN)
13. Hospice facility

**High risk areas:** Certain clinical areas particularly vulnerable to violence perpetrated by a family member or visitor.

1. **Emergency Department:** Several factors predispose the ED to violence. As the main route into the facility, EDs are often understaffed and overcrowded. The factors that increase the risk of violence in the ED are:
  - a. Presence of gangs
  - b. Long wait times for care (sometimes in undesirable environments)
  - c. Influence of drugs and alcohol
  - d. Private citizens arming themselves
  - e. Presence of individuals requiring “medical clearance” after an arrest by law enforcement
  - f. Presence of individuals requiring psychiatric support in absence of sufficient dedicated mental health facilities
2. **Women’s healthcare:** A high-risk environment because the emotionally charged issues surrounding pregnancy and childbirth.
3. **Intensive care units:** ICU cares for the most seriously ill patients, visitors to this area may be extremely distraught, stressed, and demanding of the staff.
4. **Neonatal or pediatric ICU:** Concerned parents may become violent while waiting or divorced or estranged parents may come into conflict over their child’s care.
5. **Parking lots and other exterior areas:** Parking areas may be dark, may offer many hiding places and may be deserted at certain hours.
6. **Home Care:** Home care workers may be exposed to unsafe conditions and can feel threatened when they know loaded weapons are present in a patient’s home, or that drive-by shootings or gang violence have occurred in the neighborhood. Rats, vermin or hostile animals may be present, housing may be in a deteriorating condition, or other situations may exist that suggest the potential for physical violence, verbal abuse, or sexual harassment by patients, family members or visitors.

**Patient contact:** Providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.



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**Patient specific risk factors:** Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or a history of violence.

**Threat of violence:** An individual's threat (overt or implied) to commit an act of physical aggression or harm in the workplace.

**Work practice controls:** Procedures, rules and staffing which are used to effectively reduce workplace violence hazards.

Work practice controls can include (but are not limited to): appropriate staffing levels; provision of dedicated safety personnel (i.e., security guards); employee training on workplace violence prevention methods; and employee training on procedures to follow in the event of a workplace violence incident.

**Workplace violence:** Any act of violence or threat of violence that occurs at the worksite. The term "workplace violence" shall not include lawful acts of self-defense or defense of others.

Workplace violence includes the following:

1. The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
2. An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
3. Four workplace violence types:
  - a. **"Type 1 violence"** means workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
  - b. **"Type 2 violence"** means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
  - c. **"Type 3 violence"** means workplace violence against an employee by a present or former employee, supervisor, or manager.
  - d. **"Type 4 violence"** means workplace violence committed in the workplace by someone who does not work there (but has or is known to have had a personal relationship with an employee).

## Developing a Task Force

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## Developing a Task Force

### Establishing a Task Force

Establish a Workplace Violence Prevention Task Force to collect baseline data, implement the requirements of the Cal/OSHA Workplace Violence Prevention regulation (or convene an appropriate existing committee, such as a Safety and Security Committee and monitor the program:

- Encouraging reporting of violence and safety events
- Engaging stakeholders in the development of health and safety plans
- Assessing program performance

The healthcare facility should clearly identify a leader of the task force and with a senior executive identified to champion safety, promote a culture of civility and advocate for resources/budget/support. To accomplish participatory support, Cal/OSHA recommends employee and management engagement. Member suggestions for the task force may include representatives from Nursing, Human Resources, Workers' Compensation, Employee Relations, Employee Health, Staff Development, Emergency Department, Behavioral Health, Outpatient Clinics, Home Health, Diagnostic Imaging, Pharmacy, Facilities, Security, Medical Staff Coordinator, Contracting Office, Compliance, Risk Management, Emergency/Disaster Preparedness and Vendor Management.

The healthcare facility should encourage the engagement of frontline staff to understand concerns and challenges with reporting. This engagement and input can come in the form of worksite assessments and/or surveys.

### Briefing the Team

Provide a copy of your hospital's (a) Injury and Illness Prevention Plan (IIPP), (b) Safety and Security Plan, (c) applicable portions, if any, of the facilities Emergency/Disaster Preparedness Plan and (d) copy of the Cal/OSHA Workplace Violence Prevention Regulation to task force members and review them as a group.

### Department Specific Considerations

Consider the various units, services and departments throughout your organization and determine whether one plan will exist for the entire organization or separate plans will be developed. For example, it may make sense to have a separate plan for home health and field operations such as mobile clinics.

### Engaging Employees and Representatives

Obtain the active involvement of employees and their representatives (including any security personnel in developing (and later implementing), the plan(s). Hospitals must include employees and their representatives in all phases: developing, implementing, and reviewing the workplace violence prevention plan; identifying, evaluating and correcting workplace violence hazards; designing and reviewing training; and reporting and investigating workplace violence incidents. Hospitals should include individuals on the front lines of care to capture their input on the problem of workplace violence. This can be

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accomplished by attending staff meetings of different departments throughout your facility to obtain employee input; using an existing committee with wide representation to obtain employee input; distributing a survey to all employees; and reaching out to union representatives.

## Partnering with Law Enforcement

One of the most crucial partners for developing the plan are your local law enforcement agencies. Because healthcare providers and law enforcement have different roles, duties and scope, it is important to create and maintain a cooperative partnership and engage in discussions that will help strengthen your relationship and ensure a coordinated response.

Hospitals are encouraged to maintain open lines of communication. Healthcare facilities are encouraged to designate an individual to act as a liaison; ensure that the hospital emergency plan includes active shooter; implement a policy to guide contracted security staff in responding to police; and develop policy concerning the use of force and weapons on a patient.

## **Contracted Employees and Partners**

Healthcare facilities are encouraged to make a list of all other employers whose employees work in your healthcare facility, service or operation (e.g. registry nurses, physicians, first responders (ambulance companies, fire departments, police who transport 5150 patients or other patients), contracted dialysis services providers, medical device manufacturer representatives). Risk Management (or designee) will need to coordinate with the other employers regarding workplace violence prevention trainings as well as reporting, investigating and documenting workplace violence incidents, as per the regulation.

## Designating a Liaison

Designate a Task Force member to work with each contracted employer to make a list of:

- Positions (employees) having direct physical contact with patients.
- Positions (employees) assigned to respond to alarms or other notifications of violent incidents, or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior.
- Positions (employees) assigned to the emergency department.

Contracts between the hospital and the employers of non-hospital personnel should delineate which employer will provide the training required for each group (special, initial or refresher training). The hospital and employers will also need to determine and coordinate procedures for the investigation and recording of injuries associated with workplace violence events.

# Developing and Applying a Workplace Violence Prevention Plan (WVP)

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## Developing and Applying a Workplace Violence Prevention Plan (WVP)

As your healthcare facility develops a Workplace Violence Prevention Plan there are key elements required by California Code of Regulations, Title 8, §3342. The core elements of a workplace violence prevention program are:

- Management commitment and employee participation
- Worksite analysis and hazard identification
- Hazard prevention and control
- Safety and health training
- Record keeping and program evaluation

The Plan must be written and specific to the hazards and corrective measures in the healthcare facility. (*See Sample Plans in Appendix A and Appendix B.*) Requirements of the WVP include:

1. Names or job titles of the persons responsible for implementing the WVP.
2. Procedures to obtain the active involvement of employees and their representatives in developing, implementing and reviewing the Plan, including their participation in identifying, evaluating and correcting workplace violence hazards, designing and implementing training, and reporting and investigating workplace violence incidents.
3. Methods the employer will use to coordinate the implementation of the Plan with other employers with employees working in the same healthcare facility to ensure that those employers and employees are aware of and trained in, the facility's policy and procedures.
4. Procedures for obtaining assistance from the appropriate law enforcement agency during all work shifts. The Plan should include a policy statement which prohibits the employer from (1) forbidding an employee from seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs and (2) taking punitive or retaliatory action against the employee for doing so.
5. Procedures for the employer to accept and respond to reports of workplace violence (including Type 3 violence), and to prohibit retaliation against an employee who makes such a report.
6. Procedures to ensure that supervisory and non-supervisory employees comply with the Plan in accordance with Title 8, California Code of Regulations, Section 3203(a)(2) which requires that the Injury and Illness Prevention Plan (IIPP) include a system for ensuring that employees comply with safe and healthy work practices. The regulation also states that substantial compliance with this provision includes recognizing employees who follow safe and healthful work practices and introducing training and retraining programs, disciplinary actions, or any other means that ensure employee compliance.
7. Procedures to communicate with employees regarding workplace violence matters, including:
  - a. How employees will document and communicate to other employees (including between shifts and units) information regarding conditions that may increase the potential for workplace violence incidents.
  - b. How an employee can report a violent incident, threat, or other workplace violence concern.
  - c. How employees can communicate workplace violence concerns without fear of reprisal.

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- d. How employee concerns will be investigated, and how employees will be informed of the results of the investigation and any corrective actions to be taken.
- 8. Procedures to develop and provide the required training. The employer must have a process to obtain the active involvement of employees and their representatives in developing the training.
- 9. Assessment procedures to identify and evaluate environmental risk, including community-based risk factors. This must include a review of all workplace violence incidents that occurred in the facility within the previous year, whether an injury occurred or not.

## Fixed Workplaces:

For fixed workplaces: procedures to identify and evaluate environmental risk factors for workplace violence in each unit and area of the establishment, including areas surrounding the facility such as employee parking areas and other outdoor areas. Assessment tools, checklists, or other effective means must be used to identify locations and situations where violent incidents are more likely to occur. Procedures must specify the frequency at which such environmental assessments will take place. Environmental risk factors must include (but are not limited to) the following:

- a. Employees working in locations isolated from other employees because of being assigned to work alone or in remote locations, during night or early morning hours, or where an assailant could prevent entry into the work area by responders or other employees
- b. Lighting is adequate
- c. Lack of physical barriers between employees and persons at risk of committing workplace violence
- d. Rooms/areas laid out to prevent entrapment
- e. Obstacles and impediments to accessing alarm systems
- f. Locations within the facility where alarm systems are not operational
- g. Entryways where unauthorized entrance may occur (such as doors designated for staff entrance or emergency exits)
- h. Presence of furnishings or any objects that can be used as weapons in the areas where patient contact activities are performed
- i. Storage of high-value items, currency, or pharmaceuticals

Home Care: For home healthcare and home-based hospice: Procedures to identify and evaluate environmental risk factors such as the presence of weapons, evidence of substance abuse, or the presence of uncooperative cohabitants. Evaluating risk factors during the initial visit intake and at subsequent visits is important.

Emergency Medical Services: For emergency medical services and medical transport: Procedures for communicating with dispatching authorities to identify any risk factors present at the scene and ensure that appropriate assistance will be provided by cooperating agencies.

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10. Procedures to identify and evaluate patient-specific risk factors: Assessment tools, decision trees, algorithms, or other effective means shall be used to identify situations in which patient-specific Type 2 violence is more likely to occur. This includes procedures for paramedic and other emergency medical services to communicate with receiving facilities, and for receiving facilities to communicate with law enforcement and paramedic and other emergency medical services, to identify risk factors associated with patients who are being transported to the receiving facility. Patient-specific factors must include (but are not limited to) the following:
  - a. A patient's mental status and conditions that may cause the patient to be non-responsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively. In making this assessment, the employer should focus on the patient's behavior rather than exclusively on the diagnosis.
  - b. A patient's treatment and medication status, type, and dosage, as is known to the health facility and employees.
  - c. A patient's history of violence, as is known to the health facility and employees.
  - d. Any disruptive or threatening behavior displayed by a patient.
11. Procedures to assess visitors or other persons who are not employees. Assessment tools, decision trees, algorithms or other effective means must be used to assess visitors or other persons who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence.
12. Procedures for timely correction of workplace violence hazards. The healthcare facility is required to include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
  - a. When observed or discovered; and,
  - b. When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area (except those necessary to correct the existing condition). Employees necessary to correct the hazardous condition must be provided the necessary safeguards.

Engineering and work practice controls must be used to eliminate or minimize employee exposure to the identified hazards. The employer must take measures to protect employees from imminent hazards immediately and must take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard, where there is a realistic possibility that death or serious physical harm could result from the hazard. When an identified corrective measure cannot be implemented within the seven-day time frame, the employer must take interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures. Corrective measures include, (but are not limited to):

- a. Ensuring that an adequate number of staff members are trained and available to prevent and immediately respond to workplace violence incidents during each shift. A staff person is not considered to be available if other assignments prevent the person from immediately responding to an alarm or other notification of a violent incident.
- b. Providing line of sight or other immediate communication in all areas where patients or members of the public may be present. This may include removal of sight barriers, provision of surveillance systems or other sight aids



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such as mirrors, use of a buddy system, improving illumination, or other effective means. Where patient privacy or physical layout prevents line of sight, alarm systems or other effective means must be provided for an employee who needs to enter the area.

- c. Configuring spaces such as treatment areas, patient rooms, interview rooms, and common rooms (among others), so that employee access to doors and alarm systems cannot be impeded by a patient, other persons, or obstacles.
  - d. Removing, fastening, or controlling furnishings and other objects that may be used as improvised weapons in areas where patients who have been identified as having a potential for workplace Type 2 violence could be present.
  - e. Creating a security plan to prevent the transport of unauthorized firearms and other weapons into the facility in patient and visitor arrival areas where they could be used to commit Type 1 or Type 2 violence. The plan must include monitoring and controlling designated public entrances by use of safeguards such as weapon detection devices, remote surveillance, alarm systems, or a registration process conducted by personnel who are in an appropriately protected workstation.
  - f. Maintaining an adequate number of staff, including security personnel, who can maintain order in the facility and respond to workplace violence incidents in a timely manner.
  - g. Installing, implementing and maintaining the use of an alarm system or other effective means by which employees can summon security and other aid to defuse or respond to an actual or potential workplace violence emergency. Employers must comply with Cal/OSHA's regulation about employee alarm systems (Title 8, California Code of Regulations, Section 6184).
  - h. Creating an effective means by which employees can be alerted to the presence, location, and nature of a security threat.
  - i. Establishing an effective response plan for actual or potential workplace violence emergencies that includes obtaining help from facility security or enforcement agencies as appropriate. Employees designated to respond to emergencies must not have other assignments that would prevent them from responding immediately to an alarm to assist other staff. The response plan must also include procedures to respond to mass casualty threats (such as active shooters), by developing evacuation or sheltering plans that are appropriate and feasible for the facility; a procedure for warning employees of the situation; and a procedure for contacting the appropriate law enforcement agency.
  - j. Assigning or placing enough numbers of staff to reduce patient-specific Type 2 workplace violence hazards.
13. Procedures for post-incident response and investigation, including:
- a. Providing immediate medical care or first aid to employees who were injured in the incident.
  - b. Identifying all employees involved in the incident.
  - c. Making individual trauma counseling available to all employees affected by the incident.

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- d. Conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors and security involved in the incident.
- e. Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient.
- f. Reviewing whether appropriate corrective measures developed under the WVP plan — such as adequate staffing, provision and use of alarms or other means of summoning assistance, and response by staff or law enforcement — were effectively implemented.
- g. Soliciting from the injured employee and other personnel involved in the incident their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

The Workplace Violence Prevention Plan must be reviewed at least annually, following a new procedure or information.

## Hazard Identification and Correction

The healthcare facility is encouraged to assess risk factors in the following area:

- **Environmental hazards and design** (e.g., emergency signaling, alarms and monitoring systems, security devices, security escorts to the parking lots, waiting areas)
- **Interpersonal hazards** (e.g., identifying potential distressed or violent individuals, providing de-escalation tools that health care workers can employ)
- **Organizational hazards** (e.g., adequate/understaffing, turnover, wait times, reporting events or suspicious behavior) (Center for Disease Control and Prevention, 2015)

## Risk Identification

Violence is perpetrated by individuals. Healthcare facilities should take measures to assess staff, patients, and visitors. According to Joint Commission Sentinel Alert Issue 45, the healthcare facility's Human Resource team are encouraged develop tools to thoroughly pre-screen job applicants and establish procedures for conducting background checks of prospective employees and staff. For clinical staff, the Human Resource team should verify each clinician's record with appropriate boards of registration. Human Resources procedures for disciplining and firing employees should minimize the chance of provoking a violent reaction. Organizations should also ensure that counseling programs and critical incident stress debriefing is made available to employees who become victims of workplace crime or violence.

## Patient-Specific Risk Factors

Develop procedures to identify and evaluate patient-specific risk factors. Patient-specific factors include patient's mental status; conditions that may cause the patient to be non-responsive to instructions or to behave unpredictably, disruptively, uncooperatively, or aggressively; medication; history of violence or threatening behavior; etc. Assessment tools, decision trees, algorithms, or other effective means must be used to identify situations in which patient-specific Type 2 violence (violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying the patient) is more likely to occur.

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Once identified, the organization must have a mechanism to communicate the presence of increased risk factors to employees on all shifts and in any department whose employees are likely to encounter the individual. The mechanism should take into consideration that not all employees have access to the patient's medical record and may require the use of other sources such as stickers.

## Visitor-Specific Risk Factors

Develop procedures to assess visitors. Assessment tools, decision trees, algorithms, or other effective means must be used to assess visitors or other persons who display disruptive behavior or otherwise pose a risk of committing Type 1 workplace violence (violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace with the intent to commit a crime).

## Environmental Risk Factors

Identify and evaluate environmental risk factors for each facility, unit, service or operation. These factors may include:

- Employees working alone or in remote locations
- Poor illumination or blocked visibility
- Lack of physical barriers between employees and persons at risk of committing workplace violence
- Lack of effective escape routes
- Locations where alarms are not operational
- Presence of furnishings or any objects that can be used as weapons in areas of patient contact
- Storage of high-value items, currency or pharmaceuticals
- Unsupervised entry points
- Other factors

Assessment procedures must include assessment tools, environmental checklists, or other effective means to identify locations and situations where violent incidents are more likely to occur. Be sure to include areas surrounding the facility such as employee parking, loading docks, patios, and other outdoor areas.

## **Reporting Events and Concerns**

Efficient and effective reporting is critical to program success. Leaders can drill down on the data to seek interventions and risk mitigation strategies. Develop a process for employees to report a violent incident, threat, or other concern without fear of retaliation. Include details of the process for investigating concerns; and how employees will be informed of findings and corrective action.

## **Incident Response**

Determine who will respond. Will it be security personnel only; security personnel and designated patient care staff; or designated patient care staff only? Only those who have received training that includes a physical component should be requested to respond to a violent incident.

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## Post-Incident Response

Employees and others may require emotional first aid following an event. Confirm that your plan includes:

1. Providing immediate medical care or first aid to employees who have been injured in the incident.
2. Identifying all employees involved in the incident.
3. Making available individual trauma counseling to all employees affected by the incident.
4. Conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors and security involved in the incident.

## Post-Incident Investigation

The procedure for post-incident investigation should include:

1. Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient.
2. Reviewing whether appropriate corrective measures developed under the Workplace Violence Prevention Plan were effectively implemented.
3. Soliciting from the injured employee(s) and other personnel involved in the incident their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.
4. Including contracted employers, security and others (if appropriate) in the post-incident investigation.

## **Documentation**

Healthcare facilities are encouraged to report incidents and near misses for program efficiency, hazard identification, employee training, and prevention.

## Violent Incident Log

Develop a workplace violence incident log that contains all required elements:

1. The date, time, specific location, and department of where the incident occurred
2. A detailed description of the incident
3. A classification of who committed the violence
4. A classification of circumstances at the time of the incident
5. A classification of where the incident occurred
6. The type of incident, including whether it involved:
  - a. A physical attack, including biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching or spitting
  - b. Attack with a weapon or object, including a gun, knife, or other
  - c. Threat of physical force or threat of the use of a weapon or other object
  - d. Sexual assault or threat, including rape/attempted rape, physical display, or unwanted verbal/physical sexual contact
  - e. Animal attack
  - f. Other

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7. Consequences of the incident, including:
  - a. Whether medical treatment was provided to the employee
  - b. Identify who responded to the incident and provided assistance
  - c. Whether security and/or law enforcement was contacted
  - d. Amount of lost time from work, if any
  - e. Actions taken to protect employees from continuing threat, if any
8. Information about the person completing the log, including person's name, title, phone number, email address and the date completed.

The log must be available to employees (and their representatives) and retained for at least five years. The log may be electronic, or paper based.

## Reporting

### No Retaliation for Calling 911

Hospital/supervisors are prohibited from forbidding an employee from, or taking punitive or retaliatory action against, an employee for calling local emergency services or law enforcement when a violent incident occurs.

The Plan should state that employees have the right to call local law enforcement and that the employee must concurrently notify hospital administration and risk management for any incident requiring a 911 response (identify in the policy whom employees must notify).

## Expectation for Compliance

The expectation for compliance with the organization's workplace violence prevention plan must be clearly defined in the policy. Cal/OSHA states that substantial compliance with this provision includes recognizing employees who follow safe work practices, and introducing training and retraining programs, disciplinary actions, and other similar means to ensure employee compliance. The healthcare facility's Injury and Illness Prevention Plan (IIPP) and musculoskeletal injury prevention plan (MIPP) should already include these procedures.

## Policy Review

Review and revise (as needed) the healthcare facility's current policies and procedures related to anti-retaliation, reporting and recordkeeping regarding occupational injuries, Cal/OSHA access to records, and employee/designated representative access to records to clarify that those policies and procedures also apply to workplace violence prevention activities.

## Accessibility of Plan

A copy of the Plan must be readily accessible to all employees.

## Training and Education

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## Training and Education

### Employee Training

Training is an essential component of the workplace violence prevention program. Training should assist staff in recognizing warning signs and confidently knowing how to respond. Develop curricula for initial training of all employees (including temporary employees and contracted employees). Training must be conducted when the Plan is first established and upon hire. The employer must have an effective procedure for obtaining the active involvement of employees and their representatives (including security personnel) in designing training curricula and materials; participating in training; and reviewing and revising the training program.

Initial training for all employees must address the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs; the workplace violence hazards identified in the facility, unit, service or operation; and the corrective measures the employer has implemented and must include:

1. An explanation of the workplace violence prevention plan, including the employer's hazard identification and evaluations procedures, general and personal safety measure the employer has implemented, how the employee may communicate concerns about workplace violence without fear of reprisal, how the employer will address workplace violence incidents, and how the employee can participate in reviewing and revising the plan.
2. How to recognize potential for violence, factors contributing to the escalation of violence (and how to counteract them), and when and how to seek assistance to prevent or respond to violence.
3. Strategies to avoid physical harm.
4. How to recognize alerts, alarms, or other warnings about emergency conditions such as mass casualty threats and how to use identified escape routes or locations for sheltering, as applicable.
5. The role of private security personnel, if any.
6. How to report violent incidents to law enforcement.
7. Any resources available to employees for coping with incidents of violence, including but not limited to, critical stress debriefing or employee assistance programs.

The training must include an opportunity for interactive questions and answers with a person knowledgeable about the healthcare facility's workplace violence prevention plan. Completion of training must be documented in the employee's file.

### Special Training Requirement

Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior require *additional* training. Training must occur prior to the initial assignment and at least annually thereafter.

This special training must include:

1. General and personal safety measures

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2. Aggression and violence predicting factors
3. The assault cycle
4. Characteristics of aggressive and violent patients and victims
5. Verbal intervention and de-escalation techniques in accordance with Title 22
6. Strategies to prevent physical harm
7. Appropriate and inappropriate use of restraining techniques in accordance with Title 22
8. Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22
9. An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems must be found and corrected

## Training Non-Employee Personnel

Refer to the list of non-employee personnel present in your facility (e.g., medical staff members, students, interns/externs, volunteers). Non-employee personnel must be trained on the employer's plan and what to do in the event of an alarm or other notification of emergency. Non-employees who are reasonably anticipated to participate in implementation of the workplace violence prevention program must be provided training required for their specific assignments. Develop training curricula; create and implement a training schedule. Be sure to document all training. NOTE: Any non-employee personnel expected to respond to alarms or other notifications of violent incidents, or those expected to be involved with confronting or controlling persons exhibiting aggressive or violent behaviors will also be required to meet the special training requirements outlined above. Completion of training must be documented in the non-employee's file.

## **Refresher Training**

Employees and contracted employees who have direct physical contact with patients, and their supervisors, must have annual refresher training. Training must include the topics included in the initial training and the results of the annual workplace violence prevention program review. Refresher training must include an opportunity for interactive questions and answers with a person knowledgeable about the employer's workplace violence prevention program. Completion of training must be documented in the employee's file.

Training updates should occur when new equipment or work practices are introduced or when a new or previously unrecognized workplace violence hazard has been identified. This training may be limited to only addressing the new or changed information. Any new information delivered in the annual refresher training should be verified as received by employing closed loop communication where confirmation is given that the information has been received and is understood. All communications are to be recorded in training documentation.



# Monitoring Effectiveness

# BETA Employee Safety & Wellness Initiative

## Monitoring Effectiveness

### Ongoing Identification and Correction of Workplace Violence Hazards

Conduct ongoing identification, evaluation and correction of workplace violence hazards once the Workplace Violence Prevention Plan is in place, and correct deficiencies when identified. Engineering and work practice controls must be used to eliminate or minimize employee exposure to the identified hazards as feasible. Corrective measures may include:

Ensuring that adequate numbers of trained staff are available

1. Providing line of sight or other immediate communication in areas where patients or public are present, for example, removal of sight barriers or adding surveillance or alarm systems
2. Configuring facility space systems so that employee access to doors and alarms can't be impeded
3. Removing or fastening objects that may be used as weapons
4. Establishing an effective response plan

### Plan Review

Review the effectiveness of the Workplace Violence Prevention Plan and revise as indicated at least annually.

## Next Steps

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## Next Steps

1. Review your healthcare facility's policies and procedures against workplace violence.
2. Evaluate objective measures of violence within your organization to identify risks and risk levels to effectively implement risk mitigation strategies to lessen the exposures.
3. Assess your training and education program to ensure staff are aware of the warning signs of violent behavior and know how to respond proactively.
4. Establish a comprehensive workplace violence prevention program and review it at least annually.
5. Determine if all employees and other staff understand how to report incidents of violence or any perceived threats of violence.
6. Assess your facility's process to appropriately follow-up on violent events, including communication, post incident support, and investigation.
7. Evaluate and determine if your facility's violence prevention program addresses the possibility of gun violence, including active shooters.

# BETA Employee Safety & Wellness Initiative

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## Appendix

# BETA Employee Safety & Wellness Initiative

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## Appendix

### Appendix A: Sample Workplace Violence Prevention Policy

# BETA Employee Safety & Wellness Initiative

## College Hospital Workplace Violence Prevent Policy

SUBJECT: WORKPLACE VIOLENCE PREVENTION POLICY	DEPT.: HUMAN RESOURCES POLICY #:
SUBMITTED BY:	PAGE 1 OF 2
APPROVED BY:	DATE: DATE REV.:

### Policy

College Hospital is committed to ensuring that its workplace is safe for all of its employees and that it is free from recognized hazards including those likely to cause physical harm or death. In keeping with this commitment, and in compliance with all applicable sections of the California Health & Safety Code, along with the Cal/OSHA healthcare workplace violence prevention regulation, College Hospital has established the following Workplace Violence Prevention Policy.

### Definition of Workplace Violence

Workplace violence means any act of violence or threat of violence that occurs at the worksite. Workplace violence includes: (1) the threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; (2) an incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

College Hospital recognizes that there are four types of workplace violence:

1. Type 1 violence means workplace violence committed by a person who has no legitimate business at the worksite and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
2. Type 2 violence means workplace violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides services.
3. Type 3 violence means workplace violence against an employee by a present or former employee, supervisor or manager.
4. Type 4 violence means workplace violence committed in the workplace by someone who does not work there but has or is known to have had a personal relationship with an employee.

### Workplace Violence Prevention Plan

College Hospital will maintain a Workplace Violence Prevention Plan (the "WPV Plan") that is reviewed annually by the Workplace Violence Committee. Each employee will be provided with a copy of the WPV Plan at the time of hire. Additional copies of the Plan will be made available to any employee at any time.



# BETA Employee Safety & Wellness Initiative

## Training

At the time of hire (and at a minimum of once annually thereafter), each employee will receive training that addresses the workplace violence risks that the employee is reasonably anticipated to encounter in his/her job, the workplace violence hazards identified in the facility, and the corrective measures that have been implemented. Employees whose job duties include responding to alarms or other notifications of violent incidents will receive additional, interactive training that is specific to confronting or controlling persons exhibiting aggressive or violent behaviors.

College Hospital will provide additional training if/when new equipment or work practices are introduced, or when a new or previously unrecognized workplace violence hazard has been identified.

## Documentation

Information about each incident of workplace violence will be assigned a case number and recorded in a violent incident log, which will be retained for at least five (5) years.

Investigation records for each incident of workplace violence will be created and maintained for five (5) years.

Workplace violence education and training records will be created and maintained for five (5) years.

Records of workplace violence hazard identification, evaluation and correction will be created and maintained for one (1) year.

## Reporting Requirements

### Telephone Reports to Cal/OSHA District Office

College Hospital will report immediately by telephone to the nearest Cal/OSHA District Office any serious work-connected injury, illness or death requiring inpatient hospitalization, or where an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

### Reports to Cal/OSHA via the Online Reporting Portal

College Hospital will use the Cal/OSHA online reporting portal to report:

1. any incident involving the use of a firearm or other dangerous weapon regardless of whether the employee sustains an injury; or
2. the use of physical force against an employee that results in, or has a high likelihood of resulting in, injury requiring more than first aid, psychological trauma, or stress regardless of whether the employee sustains an injury.

Reports to Cal/OSHA must be made within 24 hours after the Hospital knows of the incident if it involves:

1. A fatality or injury that requires inpatient hospitalization
2. The use of a firearm or other dangerous weapon
3. An urgent or emergent threat to the welfare, health or safety of hospital personnel

All other reports to Cal/OSHA must be made within 72 hours.

# BETA Employee Safety & Wellness Initiative

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## Reports to Law Enforcement

Within 72 hours of an incident, College Hospital must report acts of assault or battery against on-duty hospital personnel to its local law enforcement agency if the incident results in injury or involves the use of a firearm or other dangerous weapon (even if there is no injury).

## Reports to the California Department of Public Health (CDPH)

The death or significant injury of a staff member resulting from a physical assault that occurs within or on the grounds of a facility is an adverse event that must be reported to CDPH no later than five days after the adverse event has been detected. If the event is an ongoing urgent or emergent threat to the welfare, health or safety of patients, personnel or visitors, the report must be made not later than 24 hours after the adverse event has been detected.

## Appendix B: Sample Workplace Violence Prevention Plan

# BETA Employee Safety & Wellness Initiative

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## Sample Workplace Violence Prevention Plan

U.S. Department of Labor Workplace Violence Program:

<https://www.dol.gov/agencies/oasam/centers-offices/human-resources-center/policies/workplace-violence-program>

## Appendix C: Workplace Violence Prevention Hazard and Risk Assessment Tools

# BETA Employee Safety & Wellness Initiative

## California Hospital Association Workplace Violence Prevention Regulation Compliance Checklist

The following list of tasks will help member organizations implement Cal/OSHA's Workplace Violence Prevention in Health Care standard found in the California Code of Regulations, Title 8, [Section 3342](#).

- ☐ Task 1: Establish a Task Force
- ☐ Task 2: Inform the Task Force
- ☐ Task 3: Departmental Considerations for Plan Development
- ☐ Task 4: Engage Employees and Representatives:
- ☐ Task 5: Engage Law Enforcement
- ☐ Task 6: Engage Partners and Other Employers
- ☐ Task 7: Designate Partner Liaisons
- ☐ Task 8: Non-Employee Training
- ☐ Task 9: Identify Patient-Specific Risk Factors
- ☐ Task 10: Visitor Assessment
- ☐ Task 11: Develop Internal/External Communication Processes
- ☐ Task 12: Identify and Assess Environmental Risk Factors
- ☐ Task 13: Identify and Correct Workplace Hazards
- ☐ Task 14: Policy Communication
- ☐ Task 15: Program Compliance
- ☐ Task 16: Responding to an Incident
- ☐ Task 17: Develop Post-Incident Response Procedures
- ☐ Task 18: Create a Violent Incident Log
- ☐ Task 19: Reporting Policies
- ☐ Task 20: Non-Retaliation Policy
- ☐ Task 21: Policy Review
- ☐ Task 22: Develop Initial Training
- ☐ Task 23: Develop Special Training
- ☐ Task 24: Develop Re-Fresher Training
- ☐ Task 25: Identify Trainers and Schedule
- ☐ Task 26: Updated Training
- ☐ Task 27: Plan and Policy Documentation
- ☐ Task 28: Policy Access

## Appendix D: Sample Workplace Violence Log

## BETA Employee Safety & Wellness Initiative

[illegible]



## Appendix E: Sample Violent Incident Report

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California Hospital Association

## VIOLENT INCIDENT REPORT

DO NOT include names of employees, patients or other individuals on this report.

Workplace Violence Incident Case Number: (Number to be assigned by QI/RM)				
INCIDENT LOCATION				
Date of Injury	Time	Day of Week	Unit/Department	Specific Location
DESCRIPTION OF INCIDENT				
Type of Assault: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Other _____				
Was a Weapon/Object Used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe: _____ _____				
INDIVIDUALS INVOLVED				
Victim: (check all that apply) <input type="checkbox"/> Patient <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		Assailant: <input type="checkbox"/> Patient <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
EMPLOYEE INJURIES				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of Employees: _____ Describe injuries below:				
MISCELLANEOUS				
Was Law Enforcement contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Conditions at time of incident:		
If employee related, was employee alone or isolated immediately prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PREVENTATIVE MEASURES				
Is there a continuous threat? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below what measures are being taken to protect employees by engineering control modifications, work practice modifications or other measures?				
FOR QI/RM USE ONLY				
Was incident reported to DOSH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Name of Person Completing form:			Title:	
Signature of Person Completing form			Phone Number:	

## Appendix F: Workplace Violence Prevention Training

# BETA Employee Safety & Wellness Initiative

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## Workplace Violence Prevention Training

Avade Workplace Violence Prevention Training – <https://personalsafetytraining.com/avade-training/>

Crisis Prevention Training – <https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention>

## Appendix G: Workplace Violence Prevention Monitoring Effectiveness

# BETA Employee Safety & Wellness Initiative

## Workplace Violence Prevention Monitoring Effectiveness

American Society for Healthcare Risk Management (ASHRM) Workplace Violence Checklist

<https://www.ashrm.org/sites/default/files/ashrm/Workplace-Violence-Tool.pdf>

ECRI Violence in Health Care Facilities – Sample policies language includes Zero Tolerance, Mandatory Reporting, Nonretaliation, Response to violence

<https://www.ecri.org/components/HRC/Pages/SafSec3.aspx?tab=2#policies>

Minnesota Hospital Association – Preventing Violence in Healthcare Gap Analysis

[https://www.calhospital.org/sites/main/files/file-attachments/preventing\\_violence\\_in\\_healthcare\\_gap\\_analysis.pdf](https://www.calhospital.org/sites/main/files/file-attachments/preventing_violence_in_healthcare_gap_analysis.pdf)

US Department of Labor Occupational Safety and Health Administration Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers – Sample checklist for Engineering Controls, Administrative Controls, Risk Factors, Inspection Work Areas, and Program Assessment <https://www.osha.gov/Publications/osh3148.pdf>

US Department of Labor Occupational Safety and Health Administration Workplace Violence Checklist

<https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/checklist.html>